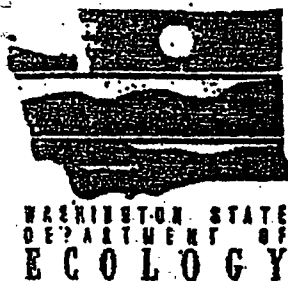


Permit No

ECY 050-1-20



Well Tagging Form



Unique Well Tag No:

ALQ396

RECORD VERIFICATION (check one)



Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)



Verification inconclusive



Well Report not available

WELL OWNERSHIP IF DIFFERENT FROM WELL REPORT

First Name:

Shadow Wood Water Association

ID# 92360B

Street Address:

1273 E Silver Lake Road

City:

Oak Harbor

State:

WA 98277

LOCATION OF WELL IF DIFFERENT FROM WELL REPORT

Well Address:

1273 E Silver Lake Road parcel R23327-286-1230

City:

Oak Harbor

County:

Island

T. 33

N. 2

R. E

W.M. Sec. 27

1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____

feet/meters (circle one)

Additional Information, if available:



GPS



Topographic Map



Survey



Computer generated



Digital Altimeter



Topographic Map



Other _____



Location marked on topographic map (please attach)



Location marked on air photo (please attach)

FOR AGENCY USE ONLY**WELL CHARACTERISTICS**

Local Description of well (size of casing, type of well, housing, etc.)

6" Casing in "dog house" lean-to at south
end of pump house - Residential parcel
with clear pollution control radius

Location of Well Identification Tag:

Strapped to well casing

Supplemental tag needed for ease of identifying well?

☐

Yes

☐

No

Where was tag placed?

Scale 1:24,000 (1"=2,000')

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION

27 (E)

C	B	A
F	G	H
L	K	J
P	Q	R

Comments:

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Tag #

Date Issued

Type: Application

Permit

Certificate

Claim

Exempt